

Adult SRP-MIC Members

CERTIFICATE OF ELIGIBILITY VERIFICATION FOR QUARTERLY PER CAPITA PAYMENT

GENERAL

This form must be completed by **Salt River Pima-Maricopa Indian Community Enrolled Members** who are 18 years of age or older and do not have a guardian. Separate forms are available for Salt River Pima-Maricopa Indian Community Enrolled Members under the age of 18 or Adult Members with a guardian.

On May 9, 2001, the Council of the Salt River Pima-Maricopa Indian Community passed Ordinance No. 2084-2001, that calls for quarterly per capita distributions to enrolled members totaling 35% of net gaming revenue for each quarter. According to our records, you are an enrolled member of the Salt River Pima-Maricopa Indian Community entitled to a per capita payment. As required by the Indian Gaming Regulatory Act, payment of the per capita distribution must be approved by the Bureau of Indian Affairs and must comply with other federal and applicable laws. The information requested in this Certificate must be provided for compliance with certain of these legal requirements and to verify other data in your enrollment file to ensure 1) the per capita payment is issued in your correct name and 2) information related to per capita is mailed to your current address.

The per capita payments will be made to those who were Enrolled Members at the close of business on the last business date of the previous quarter.

INSTRUCTIONS FOR COMPLETING THIS CERTIFICATE

FOR ADULTS - If you are 18 years of age or older and a court has not appointed a guardian or other legal representative to act on your behalf:

- a) answer all questions on page 3,
- b) sign and date the Certificate at the bottom of page 3, and
- c) make sure the witness to your signature signs and dates the Certificate, and provides his/her address, at the bottom of page 3.

A separate certificate will be mailed in the future for completion by 1) parents or guardians of minor enrolled members or, 2) appointed guardians or legal representatives of adult members.

- 1. Please provide your Tribal Identification Number. If you do not know your Tribal Identification Number please contact Barrie Thomas at (480) 850-8037, in the Enrollment Office.
- 2. **Legal Name** of Enrolled Member: Please type or print your **legal name** in the boxes provided.
- 3. **Mailing Address:** Please type or print your current mailing address. Per capita checks will be distributed at a central location. If you are unable to pick up your per capita check at the designated time and location the per capita check will be mailed to you using this address. Also, all per capita information in the future will be sent to this address. If you have a change of address in the future, immediately complete a change of address form and submit it to the Salt River Pima Maricopa Indian Community Enrollment Office.
- 4. Please provide your date of birth in the boxes provided.

5. Please provide your social security number in the boxes provided. **You must provide a copy of your social security card with this certificate.**
6. Per capita payments from net gaming revenue are subject to Federal Income Tax. The Internal Revenue Service requires that the Community deduct a portion of your per capita payment based on the IRS Table "Withholding on Distribution of Indian Casino Profits to Tribal Members." The amount deducted from your per capita payment is then sent to the IRS as an estimate of your Federal Income tax obligation on the per capita payment. The Table assumes that each individual receiving per capita is a single individual with one personal exemption and no other income. Using this table, SRPMIC will only withhold approximately 3% of your per capita payment for the income taxes you will owe. Individuals with taxable income in addition to the per capita should consider increasing the amount withheld to better approximate taxes you will owe. Please check the appropriate box and, if answering yes, please write the percentage or dollar amount you would like withheld from your per capita payment. Please note, the percentage or dollar amount provided by you will be the total withholding from the per capita check and not in addition to amounts required by the IRS table.
- If you live off the Salt River Pima-Maricopa Indian Community Reservation you may also be required to pay state income taxes. Please note that no state income tax withholding will be deducted from the per capita payments.
7. Please provide your telephone number in the boxes provided.

WITNESSES – The person who executes the Certificate as a witness must be at least eighteen years of age. By executing the Certificate, the witness is certifying that he/she knows the person for whom he/she is serving as a witness and the person signed the Certificate in his/her presence.

SIGNERS - All persons, other than witnesses, who sign the Certificate represent and warrant that they have the legal authority to do so; all information provided in the Certificate is true and correct to the best of their knowledge; and they understand that misrepresentations of such authority or information may constitute perjury or other criminal offenses under the laws of the United States, the Salt River Pima-Maricopa Indian Community or the applicable governmental jurisdictions.

INSTRUCTIONS FOR SUBMISSION OF CERTIFICATE

The completed and executed original of the Certificate should be delivered to the Community's Office of Membership Services at 10005 East Osborn Road, Scottsdale, AZ 85256.

A PER CAPITA PAYMENT CANNOT BE MADE TO YOU UNTIL A PROPERLY COMPLETED AND SIGNED CERTIFICATE IS SUBMITTED AND ALL OTHER LEGAL REQUIREMENTS FOR THE DISTRIBUTION HAVE BEEN SATISFIED.

Please make a copy of the completed Certificate for your records and mail back only the original Certificate along with a copy of your social security card.

ADULT SRP-MIC MEMBERS PER CAPITA INFORMATION CERTIFICATE
REQUIRED INFORMATION

1. Tribal ID Number:

2. Legal Name of Enrolled Member (type or print):

First Name	M.I.	Last Name (Include Jr. or Sr.)

3. Mailing Address:

Street and number or post office box

City	State	Zip Code

NOTE: This is the address where information related to your per capita distribution will be sent. This is also the address to which the per capita distribution will be mailed if you do not pick the check up at the yet to be designated per capita distribution point. If you reside outside the United States, insert address information according to that country's mail system.

4. Date of Birth:
Month Day Year

5. Social Security Number:

You must provide a copy of your Social Security Card with this certificate.

6. I understand that the required minimum amount will always be withheld for the IRS (federal income taxes).
I would like to change the **ADDITIONAL** amount being withheld for the IRS:

From _____ % TO _____ % **OR** From \$ _____ TO \$ _____

7. Contact Phone Number:

Area Code

Phone Number

(Signature of Person named in Question 2)

Dated: _____

(Witness Signature)

Dated: _____

(Witness Printed Name)

Witness Mailing Address:

Street and number or post office box

City

State

Zip Code